

# Asthma Action Plan for Home

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Pharmacy Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## **Peak Flow Meter Readings (May not be useful for children under age 5)**

For 2 weeks, measure peak flows two times a day, once in the morning and once in the evening. Take two to three readings each time, and record the best one. Make sure you take a deep breath before blowing into the peak-flow meter, and blow out as hard and as long as you can.

Day	A.M.	P.M.	Day	A.M.	P.M.
1	_____	_____	8	_____	_____
2	_____	_____	9	_____	_____
3	_____	_____	10	_____	_____
4	_____	_____	11	_____	_____
5	_____	_____	12	_____	_____
6	_____	_____	13	_____	_____
7	_____	_____	14	_____	_____

••• **Personal Best Peak-Flow Reading:** \_\_\_\_\_ •••

**Green Zone –GOOD** \_\_\_\_\_to\_\_\_\_\_ (80 to 100 percent of your personal best)  
Take your controller daily medicines.

**Yellow Zone –CAUTION** \_\_\_\_\_to\_\_\_\_\_ (50 to 79 percent of your personal best)  
This is a sign that your asthma is getting worse. Take your rescue medicines in addition to your controller medicines.

**Red Zone –MEDICAL ALERT!** \_\_\_\_\_to\_\_\_\_\_ (below 50 percent of your personal best) Add or increase your rescue medicines, and call your doctor now.

## Asthma Medications

**Controller**, or daily medicines (Use every day when peak flow is in **Green** Zone)  
Use even if you have no asthma symptoms.

Name	Amount
_____	_____
_____	_____

Special Instructions (For example: Use with a spacer attached to inhaler, take 2 puffs of inhaler 5 minutes apart, rinse mouth with water after taking medicine.)

\_\_\_\_\_

**Rescue** medications (Use if asthma symptoms are present or during an asthma episode.)  
Use when peak flow is in **Yellow** or **Red** Zone. Reminder: Keep taking daily controller medicines, also.

Name	Amount
_____	_____
_____	_____

Special Instructions

\_\_\_\_\_

**Allergies or Asthma Triggers** (circle ones that apply)

Dust      Mold      Pets      Smoke      Exercise      Food      Other \_\_\_\_\_

Respiratory Infections      Strong Odors      Pollens      Change in Temperature

Special Instructions

\_\_\_\_\_

## EMERGENCY

**CALL 911 for emergency help if the following things happen:**

- The episode is very bad and does not get better in 15 minutes after taking asthma medicine
- It is hard to talk or walk
- Lips or fingernails are blue
- It is very hard to breathe or sit up

# Asthma Action Plan for School

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Describe the type of asthma symptoms your child experiences (e.g. wheezing, coughing, rapid breath, other \_\_\_\_\_)

Does your child use a peak flow meter? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If Yes, is there one at school?) \_\_\_\_\_ What is the child's best peak flow number? \_\_\_\_\_

## Asthma Medications

Daily **Controller** medicines (use everyday—even if no asthma symptoms)

Name	Amount/dose	Frequency
1. _____	_____	_____
2. _____	_____	_____

Special Instructions (For example: Use with a spacer attached to inhaler, take 2 puffs of inhaler 5 minutes apart, rinse mouth with water after taking medicine.)

**Rescue** or **quick-relief** medicines (use if asthma symptoms are present or during an asthma episode) Use if peak flow less than \_\_\_\_\_

Name	Amount/dose	Frequency
1. _____	_____	_____
2. _____	_____	_____

Special Instructions (For example: Use with a spacer attached to inhaler, take 2 puffs of inhaler 5 minutes apart, rinse mouth with water after taking medicine, use with nebulizer)

**EMERGENCY: Call 911 and get emergency help if the following things happen:**

- The episode is very bad and does not get better in 15 minutes after taking asthma medicine
- There is difficulty walking or talking
- Lips or fingernails are blue
- Extreme difficulty breathing and hunched over

**Allergies or Asthma Triggers** (circle ones that apply)

Dust (or chalk dust)      Mold      Animal      Smoke      Exercise      Pollens

Respiratory Infections (colds, flu)      Strong Odors      Change in Temperature

Other \_\_\_\_\_ Food \_\_\_\_\_

**Comment/Special Instructions/Side Effects of Medication:**

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**Parent Authorization**

I authorize school personnel to assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.

Medication should be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dose, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

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Signature of Parent or Guardian

Date

Phone

**Prescriber Authorization**

Special Instructions

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Signature of Prescriber

Date

Phone